County: Fond Du Lac		Facility ID: P280		Page 1
TRANSITIONAL CARE UNIT				
430 EAST DIVISION STREET		0	Name of the Classical	
FOND DU LAC 54935 Phone: (920) 926-4700		Ownershi p:	Nonprofit Church	
Operated from $1/1$ To $12/31$ Days of Operation:	365	Hi ghest Level Li cense:	Skilled	
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No	
Number of Beds Set Up and Staffed (12/31/01):	18	Title 18 (Medicare) Certified?	Yes	
Total Licensed Bed Capacity (12/31/01):	18	Title 19 (Medicaid) Certified?	Yes	
Number of Residents on 12/31/01:	5	Average Daily Census:	12	
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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	% <u> </u>	Less Than 1 Year	100. 0
Supp. Home Care-Personal Care	No					1 - 4 Years	0. 0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	0. 0
Day Services	No	Mental Illness (Org./Psy)	0. 0	65 - 74	0. 0		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	40.0		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	60. 0	**********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	0.0	Full-Time Equivalent	Ī
Congregate Meals	No	Cancer	0.0		Í	Nursing Staff per 100 Res	si dents
Home Delivered Meals	No	Fractures	20. 0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	20.0	65 & 0ver	100. 0		
Transportati on	No	Cerebrovascul ar	20.0	'		RNs	148. 0
Referral Service	No	Di abetes	0.0	Sex	%	LPNs	50. 0
Other Services	No	Respi ratory	0. 0		Ì	Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	40.0	Male	60. 0	Ai des, & Orderlies	54 . 0
Mentally Ill	No			Femal e	40.0		
Provi de Day Programming for			100.0		j		
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		ledicare litle 18			dicaid tle 19			0ther]	Pri vate Pay	;		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	0f
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	5	100.0	270	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	100. 0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Ventilator-Dependen	t 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	5	100.0		0	0.0		0	0.0		0	0.0		0	0.0		0	0.0		5	100. 0

Admissions, Discharges, and		Percent Distribution	of Residents'	Conditions,	Servi ces,	and Activities as of 12/	′31/01
Deaths During Reporting Period		<u>' </u>					
		I [']		% Nee	edi ng		Total
Percent Admissions from:		Activities of	%	Assista		% Totally	Number of
Private Home/No Home Health	4. 1	Daily Living (ADL)	Independent		wo Staff	J	Resi dents
Private Home/With Home Health	0. 0	Bathing	20. 0). 0	0.0	5
Other Nursing Homes	0. 0	Dressing	20. 0). 0	0. 0	5
Acute Care Hospitals	94. 3	Transferring	20. 0). 0	0. 0	5
Psych. Hosp MR/DD Facilities	0. 0	Toilet Use	20. 0		0. 0	0. 0	5
Rehabilitation Hospitals	1.6	Eating	60. 0). 0	0. 0	5
Other Locations	0. 0	*************	******	******	******	*********	******
Total Number of Admissions	317	Continence		% Spe	cial Treat	ments	%
Percent Discharges To:	01.	Indwelling Or Externa	al Catheter	1.		espi ratory Care	0. 0
Private Home/No Home Health	37. 1	0cc/Freq. Incontinent				racheostomy Care	0. 0
Private Home/With Home Health	29. 2	0cc/Freq. Incontinent			eceiving S		0. 0
Other Nursing Homes	10. 3	Joes 110q. Incomerment	01 201101			stomy Care	0. 0
Acute Care Hospitals	9. 4	Mobility				ube Feeding	0. 0
Psych. Hosp MR/DD Facilities	0. 3	Physically Restrained	i			echanically Altered Diets	
Rehabilitation Hospitals	1. 8	Injercuriy meserurmet	-		8	committee of the contraction of	0.0
Other Locations	8. 2	Skin Care		0t1	er Residen	t Characteristics	
Deaths	3. 6	With Pressure Sores				e Directives	40. 0
Total Number of Discharges	3. 0	With Rashes			li cati ons	0 2110001 100	20.0
(Including Deaths)	329					sychoactive Drugs	40. 0
(Ther daring Dedens)	320	1			ccci iing i	Sychodeer to Drugs	10. 0

	Thi s	0ther	Hospi tal -		Al l
	Facility	Based F	acilities	Fac	ilties
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	66. 7	88. 1	0. 76	84. 6	0. 79
Current Residents from In-County	60. 0	83. 9	0. 72	77. 0	0. 78
Admissions from In-County, Still Residing	0. 9	14. 8	0.06	20. 8	0. 05
Admissions/Average Daily Census	2641. 7	202. 6	13. 04	128. 9	20. 49
Discharges/Average Daily Census	2741. 7	203. 2	13. 49	130. 0	21. 08
Discharges To Private Residence/Average Daily Census	1816. 7	106. 2	17. 11	52. 8	34. 43
Residents Receiving Skilled Care	100. 0	92. 9	1. 08	85. 3	1. 17
Residents Aged 65 and Older	100. 0	91. 2	1. 10	87. 5	1. 14
Title 19 (Medicaid) Funded Residents	0. 0	66. 3	0.00	68. 7	0.00
Private Pay Funded Residents	0. 0	22. 9	0.00	22. 0	0.00
Developmentally Disabled Residents	0. 0	1. 6	0.00	7. 6	0.00
Mentally Ill Residents	0. 0	31. 3	0.00	33. 8	0.00
General Medical Service Residents	40. 0	20. 4	1. 96	19. 4	2. 06
Impaired ADL (Mean)*	36. 0	49. 9	0. 72	49. 3	0. 73
Psychological Problems	40. 0	53. 6	0. 75	51. 9	0. 77
Nursing Care Required (Mean)*	5. 0	7. 9	0. 63	7. 3	0. 68